

# JOURNAL

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" . . . . . The Canadian Medical Journal is issued as a medium for the expression of all that is best in Canadian medicine."

—Sir Andrew Macphail, editor, Canad. Med. Ass. J., 1:57 (January), 1911

# Medical Services for Canadian Athletes

Council on Community Health Care

Approved by Board of Directors September 1969

A conference to study ways and means of improving medical services for Canadian athletes and to generally improve medical services in sports medicine was recently convened by the C.M.A. With the financial

support of the Department of National Health and Welfare, the two-day conference concluded that a Canadian Academy of Sports Medicine (C.A.S.M.) was required.

## Proposal to form—

### CANADIAN ACADEMY OF SPORTS MEDICINE

It is proposed that C.A.S.M. be established to provide a focus on this important area of Canadian medicine. It is intended that the Academy will be founded on November 28, 1969, at a meeting of the Steering Committee in the Ritz Carlton Hotel.

The main objects of the Academy will be: to improve medical and paramedical knowledge in sports medicine, to assure that suitable facilities and services are available for Canadian athletes at national and international competitions, and to recruit volunteer medical personnel who wish to participate in this

program at the local, national and international level.

This program is in keeping with one of the major recommendations of the Federal Government's "Task Force on Sports", and it is hoped will materially improve medical services to Canadian athletes before, during and after competitions.

Physicians interested in this program are invited to attend the November 28th 2:00 p.m. meeting and are requested to complete the following questionnaire and return it to:

To: Medical Services for Canadian Athletes,  
C.M.A. House,  
1867 Alta Vista Dr.,  
Ottawa, Canada.

Please

Fill in

Now—

Mail to

Address

on Coupon

as soon as

possible.

(1) I am interested in sports medicine.

Yes ☐

No ☐

(If yes, indicate type of sports and experience)

.....  
.....  
.....  
.....

(2) I would like more information on sports medicine

C.M.A.J. Articles ☐

Conferences ☐

Clinics ☐

(3) I would attend meetings on sports medicine

Yes ☐

No ☐

(4) I would volunteer my medical services for sports events:

(a) in local area ☐

(b) in Canada ☐

(c) outside of Canada ☐

(5) I would join the Canadian Academy of Sports Medicine referred to above

Yes ☐ No ☐

Other Remarks:

.....  
.....  
.....  
.....  
.....

Name

Address

City

Postal Zone

Prov.

# Elavil

(amitriptyline hydrochloride, MSD Std.)

NOW AVAILABLE  
ELAVIL\* SYRUP

**INDICATIONS.** ELAVIL\* (amitriptyline hydrochloride, MSD Std.) is recommended in the treatment of mental depression. ELAVIL\* is also recommended in nocturnal enuresis — commonly a manifestation of an emotional problem. In cases where organic pathology has been excluded, ELAVIL\* has been found effective in reducing the incidence of bed-wetting in some children.

**DOSAGE.** Initial dose: 25 mg. three times a day. If it is necessary to increase the dose, it is preferable to increase it by increments of 25 mg. and to add these doses in the evening. It is seldom necessary to exceed a total daily dose of 150 mg.

**Maintenance:** The most common maintenance dose is 25 mg. two to four times a day.

**Elderly patients and adolescents:** Ten mg. three times a day with 20 mg. at bedtime may be satisfactory.

**Outpatients:** It is seldom necessary to use doses in excess of 150 mg. a day in the management of depression in the patient who can be treated effectively as an outpatient.

**Hospitalized patients:** Most patients respond to doses of no more than 150 mg. a day. A small percentage of patients may require doses of up to 300 mg. a day.

**Enuresis:** A dosage of 10 mg. at bedtime has been found effective in children under six years of age. Doses of up to 25 mg. are required by some patients.

**PRECAUTIONS.** Because of its anticholinergic activity, ELAVIL\* is contraindicated in patients with glaucoma and in patients who may be expected to experience problems of urinary retention. Also because the clinical experience and follow-up in pregnancy have been limited, ELAVIL\* is not recommended for use in pregnant patients at this time. The side effects which may occur with ELAVIL\* include drowsiness, dizziness, nausea, excitement, hypotension, fine tremor, jitteriness, weakness, headache, heartburn, anorexia, increased perspiration, incoordination, numbness, tingling of the limbs, possible peripheral neuropathy, and tachycardia, blurred vision, constipation, urinary retention, dryness of the mouth, monilial infection and other oral pathology secondary to dryness of the mouth have been reported to be associated with the use of amitriptyline hydrochloride in combination with other medication having anticholinergic activity or alone. Rarely, allergic type reactions have occurred, manifested by skin rash, or swelling of the face and tongue and itching. Agranulocytosis and jaundice have rarely been reported to have occurred in patients receiving amitriptyline hydrochloride. Although the etiologic role of the drug is uncertain, careful observation of all patients is recommended. High doses may cause temporary confusion or disturbed concentration. Paralytic ileus has been reported very rarely, and only when other possible contributing factors have been involved. Nevertheless especially in the elderly, both physician and patient should be alert to this possibility, and take appropriate measures if constipation develops.

When patients who have been receiving a monoamine oxidase inhibitor are to be treated with ELAVIL\*, it is recommended that at least two weeks be allowed to elapse between administration of the two agents to permit recovery from the effects of the monoamine oxidase inhibitor.

Combined use with other antidepressants may result in potentiation. Activation of latent schizophrenia and epileptiform seizures in chronic schizophrenics has been reported; the possibility of provoking mania or hypomania in manic-depressive patients should be borne in mind. Reversible ECG changes including flattening or inversion of T waves and bundle branch block have been reported in elderly patients.

It should be also borne in mind that the possibility of suicide in seriously depressed patients is inherent in the illness and may remain until significant remission occurs.

Patients receiving this drug should be cautioned against driving a car or operating machinery requiring alert attention. As with any psychotherapeutic agent, patients should be cautioned against errors of judgment due to change in mood and modification of the response to alcohol.

Detailed information is available to physicians, on request.

**HOW SUPPLIED.** Ca 3286 — Injection ELAVIL\*, 10 mg./cc., is a clear, colorless solution, and is supplied in 10 cc. vials.

Ca 3287 — Tablets ELAVIL\*, 10 mg., are blue, biconvex, discoid-shaped film coated tablets, 1/4 of an inch in diameter, and are supplied in bottles of 100 and 500.

Ca 3288 — Tablets ELAVIL\*, 25 mg., are yellow, biconvex, discoid-shaped film coated tablets, 1/4 of an inch in diameter, and are supplied in bottles of 100 and 500.

Ca 3301 — Syrup ELAVIL\* (amitriptyline pamoate, MSD Std.), is a light red syrup suspension containing in each 5 ml. amitriptyline pamoate equivalent to 10 mg. amitriptyline and is supplied in bottles of 225 cc.

Ca 8655 — Tablets ELAVIL\*, 50 mg., are beige, biconvex, discoid-shaped film coated tablets, 1/4 of an inch in diameter, and are supplied in bottles of 50 and 1,000.

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## Forthcoming Meetings

### CANADA

CANADIAN MEDICAL ASSOCIATION, 103rd Annual Meeting, Winnipeg, Man., June 14-20, 1970. Dr. A. F. W. Peart, General Secretary, Canadian Medical Association, C.M.A. House, 1867 Alta Vista Drive, Ottawa 8, Ontario.

ONTARIO SPEECH AND HEARING ASSOCIATION, 11th Annual Convention, Toronto, November 6-8. Information: Miss A. Power, Speech and Language Clinic, Hospital for Sick Children, 555 University Ave., Toronto 101, Ont.

SYMPOSIUM ON NATURAL HISTORY AND PROGRESS IN TREATMENT OF CONGENITAL HEART DEFECTS, sponsored by the Ontario Heart Foundation and under the direction of Dr. John Keith, Toronto, Ont., December 4-6. Program and registration form: Dr. John Keith, The Hospital for Sick Children, 555 University Ave., Toronto 101, Ont.

CANADIAN SOCIETY FOR CLINICAL INVESTIGATION/ SOCIÉTÉ CANADIENNE DE RECHERCHES CLINIQUES, Annual Meeting, Montreal, Que., January 20 and 21, 1970. Dr. Gilles Leboeuf, Secretary-Treasurer, Sainte-Justine Hospital, 3175 Sainte-Catherine Road, Montreal 250, Que.

CANADIAN ASSOCIATION OF RADIOLOGISTS/ASSOCIATION CANADIENNE DES RADIOLOGISTES, 33rd Annual Meeting, Montreal, Que., March 17-20. Information: Canadian Association of Radiologists, Suite 101, 1555 Summerhill Ave., Montreal 109, Que.

FIRST INTERNATIONAL CONGRESS ON GROUP MEDICINE, Winnipeg, Man., April 26-30, 1970. Information: First International Congress on Group Medicine, 425 St. Mary Ave., Winnipeg 1, Man.

CANADIAN FEDERATION OF BIOLOGICAL SOCIETIES (Canadian Physiological Society, Pharmacological Society of Canada, Canadian Association of Anatomists, Canadian Biochemical Society, Nutrition Society of Canada, Canadian Society for Cell Biology, Canadian Society for Immunology), 13th Annual Meeting, Montreal, Que., June 9-12, 1970. Dr. K. K. Carroll, Honorary Secretary, Canadian Federation of Biological Societies, Department of Biochemistry, University of Western Ontario, London 72, Ont.

La SOCIÉTÉ CANADIENNE DES ANESTHÉSISTES/CANADIAN ANAESTHETISTS' SOCIETY, 1970 Annual Meeting, Winnipeg, Man. Symposium: Circulation and Anesthesia, June 21; Scientific Sessions, June 22-25. Information: Secretary, Canadian Anaesthetists' Society, 178 St. George St., Toronto 5, Ont.

### UNITED STATES

TENTH INTERNATIONAL CANCER CONGRESS, sponsored by the American Cancer Society, Houston, Texas, May 22-29, 1970. Information: Office of the Secretariat, Tenth International Cancer Congress, P.O. Box 20465, Astro-dome Station, Houston, Texas 77025, U.S.A.

### OTHER COUNTRIES

INTERNATIONAL CONGRESS ON ALCOHOLISM AND DRUG DEPENDENCE (29th), Sydney, Australia, February 1-14, 1970. Information: International Council on Alcohol and Addictions, Case Postale 140, 1001 Lausanne, Switzerland.

MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION, Extraordinary Assembly (11th), Melbourne, Australia, February 14-18, 1970. Information: American Medical Women's Association, Inc., 1740 Broadway, New York, N.Y. 10019.

NORWEGIAN MEDICAL ASSOCIATION, 1st Annual Winter Medical-Dental Assembly, "Communications in the World of Medicine and Dentistry Today", Oslo, Norway, February 16-27. Information: Dr. Anthony T. Wachna, 1520 Ottawa St., Windsor 14, Ont.

## POSTGRADUATE COURSES IN CANADA

(Doctors who attend refresher courses for which they pay tuition fees to a university, a teaching hospital or other educational institution in Canada may claim, as an income tax deduction, fees so paid if they exceed \$25.00.)

**INDIVIDUAL REFRESHER COURSE FOR GENERAL PRACTITIONERS:** Montreal General Hospital, Monday-Friday. \$125 a week; \$250 for two weeks; \$275 for three weeks. Apply to Dr. John Ruedy, Room 620C, The Montreal General Hospital, Montreal 109, Que.

**MANAGEMENT OF MALIGNANT DISEASE:** Montreal General Hospital, November 6-8. \$75. Dr. John Ruedy, Room 620C, The Montreal General Hospital, 1650 Cedar Ave., Montreal 109, Que.

**ANESTHESIA** (for G.P.'s active in practice of anesthesia). University of Toronto Teaching Hospitals, November 17-21. \$100. Director, Division of Postgraduate Medical Education, University of Toronto, 174 St. George St., Toronto 5, Ont.

**WORKSHOP IN ANESTHESIA:** University of Alberta, Edmonton, November 24-26. \$50. Division of Continuing Medical Education, 13-106 Clinical Sciences Bldg., Edmonton 7, Alta.

**BASIC SKILLS IN OPHTHALMOLOGY AND OTOLARYNGOLOGY** (for G.P.'s): University of British Columbia, Vancouver, November 27-28. \$50. Continuing Education in the Health Sciences, Faculty of Medicine, U.B.C., Task Force Bldg., Vancouver 8, B.C.

**GERIATRICS:** Ottawa Civic Hospital, November 27-28. \$40. Department of Medical Education, Ottawa Civic Hospital, Ottawa 3, Ont.

**PERSONAL REFRESHER COURSES FOR FAMILY PRACTITIONERS:** Ottawa Civic Hospital, Ottawa, Ont. Dates as requested by applicant. \$55 a week. Dr. J. E. Devitt, Chairman, Department of Medical Education, Ottawa Civic Hospital, 1053 Carling Ave., Ottawa 3, Ont.

**SYMPOSIUM ON CONGENITAL HEART DEFECTS:** Inn on the Park, Toronto, December 4-6. \$75. Dr. John D. Keith, Hospital for Sick Children, 555 University Ave., Toronto 2, Ont.

**WORKSHOP IN FAMILY THERAPY:** Jewish General Hospital, Montreal, January 26-February 6. \$300. Dr. Isaac Rebner, Institute of Community and Family Psychiatry, 4333 Cote St. Catherine Rd., Montreal, Que.

**ANESTHESIA AND TRAUMA:** University Hospital and City Hospital, Saskatoon, Sask., January 26-28. \$50 and (for physicians not attending operating-room demonstrations) \$35. Director of Continuing Medical Education, Room 125, Ellis Hall, University of Saskatchewan, Saskatoon.

**PSYCHIATRY:** University of Alberta, Edmonton, February 16-18. \$50. Continuing Medical Education, Room 13-106, Clinical Sciences Bldg., University of Alberta, Edmonton 7, Alta.

**ANNUAL REFRESHER COURSE FOR G.P.'s IN PEDIATRICS, OBSTETRICS AND GYNECOLOGY:** Regina General Hospital, Regina, Sask., February 19-21. No fee. Dr. H. C. Grocott, Child Health Division, Department of Public Health, Provincial Health Bldg., Regina, Sask.

**NEUROLOGIC AND NEUROSURGICAL PROBLEMS IN PRACTICE:** University of Alberta, Edmonton, February (dates to be announced). \$50. Continuing Medical Education, Room 13-106, Clinical Sciences Bldg., University of Alberta, Edmonton 7, Alta.

**WORKSHOP IN CARDIOLOGY:** University of Alberta, Edmonton, March 9-10. \$40. Continuing Medical Education, Room 13-106, Clinical Sciences Bldg., Edmonton 7, Alta.

**WORKSHOP IN SURGICAL DIAGNOSIS:** University of Alberta, Edmonton, May 13-15. \$40. Continuing Medical Education, Room 13-106, Clinical Sciences Bldg., Edmonton 7, Alta.

**CHEST EMERGENCIES:** University of Alberta, Edmonton, May 20-22. \$50. Continuing Medical Education, Room 13-106, Clinical Sciences Bldg., Edmonton 7, Alta.

**INFECTIOUS DISEASES:** Banff Centre for Continuing Education, Banff, Alta., June 22-24. \$50. Continuing Medical Education, Room 13-106, Clinical Sciences Bldg., Edmonton 7, Alta.

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inflammation returns  
patients with restrict-  
ed joint mobility to  
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### Dosage

#### Medical Indications

Initial: 400-600 mg (4-6 tablets) daily, in divided doses, for 2-3 days. Maintenance: minimum effective dose, usually 100-300 mg (1-3 tablets), but not over 400 mg (4 tablets) daily, in divided doses.

#### Surgical Indications

400-600 mg (4-6 tablets) in divided doses during the 24 hours before operation. 300-400 mg (3-4 tablets) daily, in divided doses, for 3-4 days after operation, commencing as soon as oral medication can be resumed.

#### Side Effects

Serious reactions are uncommon. Occasionally, gastric disturbances (minimized by taking Tandearil with milk or at meal times), moderate sodium and water retention, or mild skin rashes.

#### Precautions

Routine blood counts before and periodically during therapy. Patient should report immediately any fever, sore throat, mouth lesions, tarry stools or sore glands.

#### Contraindications

History of drug allergy, peptic ulcer, diverticulitis, or blood dyscrasia. Severe cardiovascular, hepatic or renal disease, or hypertension. Clinical edema.

#### Availability

Tandearil, 1-phenyl-2-(p-hydroxyphenyl)-3,5-dioxo-4-n-butylpyrazolidine-monohydrate, is supplied as 100 mg light brown-coated tablets.

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on request.

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